

PSJ17 Exh 9

From: Pyfer, Andy
To: Patel, Pranay P
Sent: 6/16/2006 7:04:48 PM
Subject:
Attachments: OVF Commercial Needs_Leadership Meeting 07_21_05.ppt

Andy Pyfer

Group Product Director, Pain Franchise

Cephalon, Inc.

41 Moores Rd.

Frazer, PA 19355

610-738-6222

File Provided Natively

ACCELANYL Commercial Needs

US Pharmaceutical Leadership Meeting
May 18, 2005



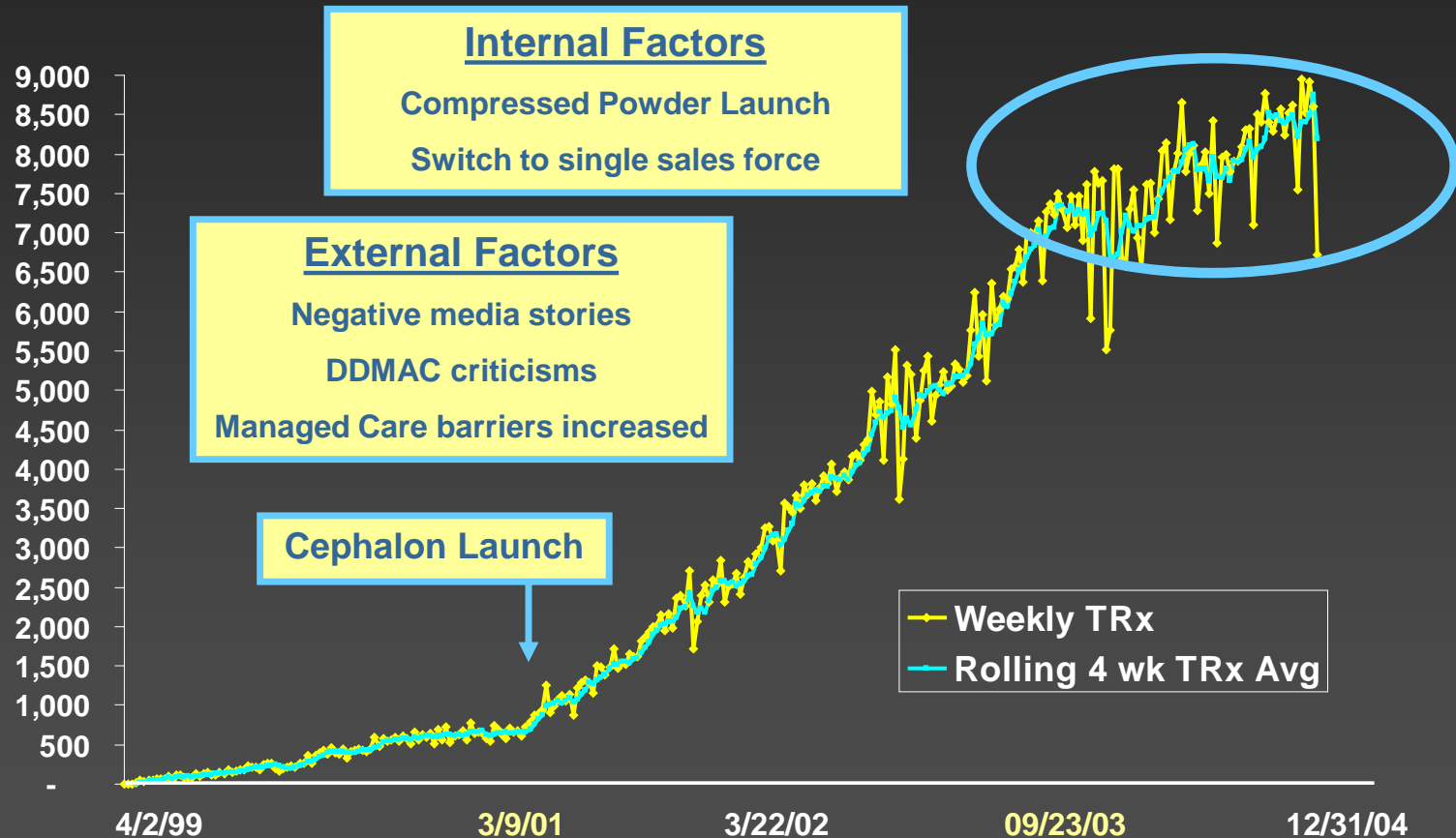
Presentation Overview

- Current ACTIQ Challenges
- Commercial Timeline
- ACCELANYL Key Commercial Issues
- ACCELANYL Critical Success Factors
- Organizational Implications of CSFs
 - Objectives & Strategies

Current ACTIQ Challenges

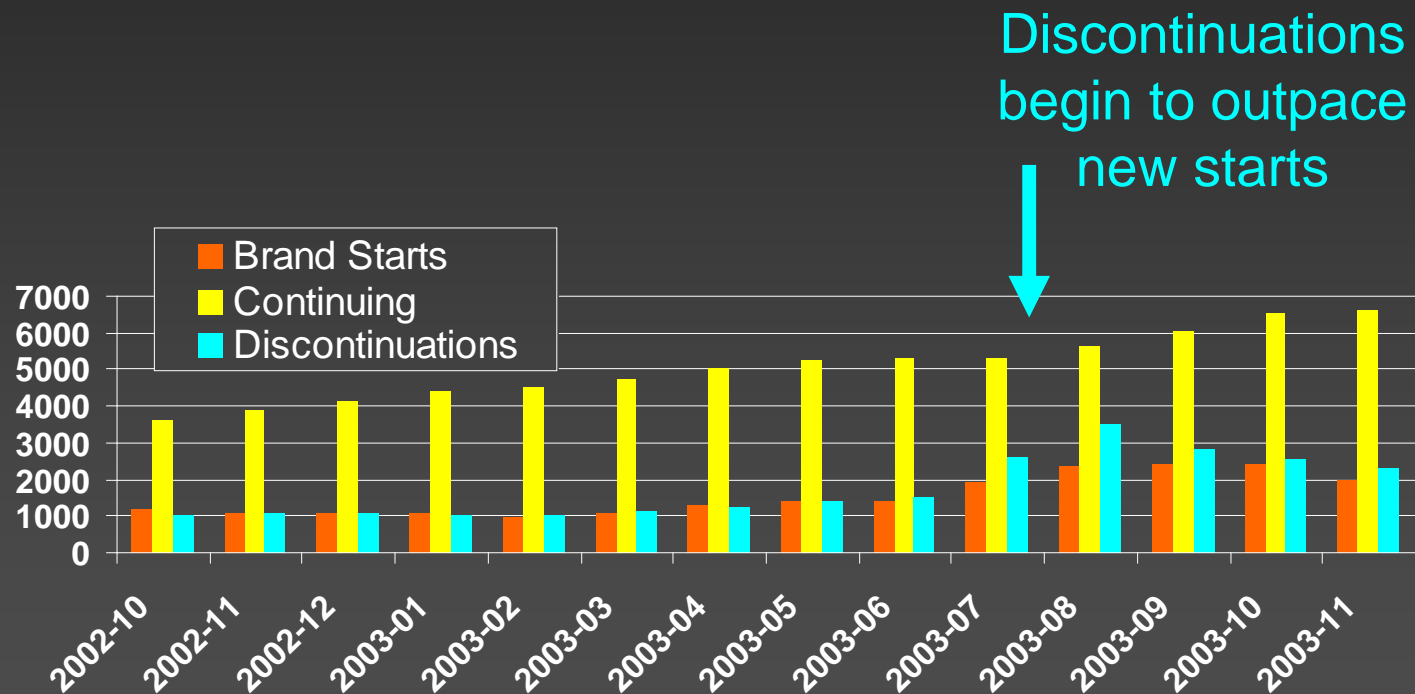


ACTIQ Challenges



Source: IMS

Discontinuations Spike with Compressed Powder Launch



Source: IMS NPA

“Egg” Research

Identify Drivers & Barriers

Conducted: September 2004

 **ORAVESCENT**[®] fentanyl

“Egg” Research

- Objective
 - Talk to “good eggs” and “bad eggs” to identify barriers and drivers to ACTIQ usage
- Who
 - 47 physicians
 - Long-term writers who are writing more
 - Long-term writers who are writing less
 - Non-writer targets
 - New writers

Source: Qualitative research N = 47, Leo Gibney Associates, Sept. 2004

“Egg” Research Summary

- Key Drivers to ACTIQ usage
 - Efficacy – rapid onset of action
 - Patient acceptance / satisfaction
 - Low side effect profile
- Key Barriers to ACTIQ usage
 - Reimbursement
 - Abuse and addiction concerns
 - Nothing new

Source: Qualitative research N = 47, Leo Gibney Associates, Sept. 2004

ACTIQ Chart Study

Assess Prescriber Characteristics

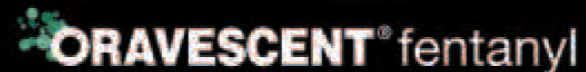
Conducted: Q4 2004

 **ORAVESCENT**[®] fentanyl

ACTIQ Chart Study

- Objective
 - Primary – Assess characteristics of ACTIQ prescribing physicians
 - Secondary
 - Determine how ACTIQ is dosed and extent to which titration occurs
 - Update estimates of ACTIQ use by pain type
 - Determine demographic characteristics of ACTIQ patients
 - Continue to monitor the impact of formulation changes on physicians' perceptions of ACTIQ
 - Identify factors that may be increasing or decreasing physician prescribing of ACTIQ and opioid analgesics in general

Source: IMS Chart Audit, 12/04



ACTIQ Chart Study

- Who
 - A total of 88 high-ACTIQ decile physicians (deciles 3 - 10) participated in the study

	Sample Size	Total Population	
		Available Physician Count	Actiq TRX Range (6 Months)
Decile 3-5	60	1444	21-71
Decile 6-8	23	389	94-253
Decile 9-10	5	85	503-930
Total	88	1918	

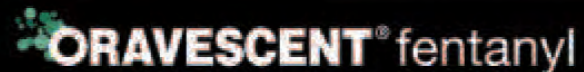
Source: IMS Chart Audit, 12/04

ACTIQ Chart Study

Strengths	Weaknesses
Rapid onset of analgesia (73%)	Cost (20%)
Efficacy (31%)	Sugar formulation (19%)
Ease of use (20%)	Formulary coverage (14%)
Convenience (8%)	Limited Cancer indication (10%)
Low Side effects (8%)	Longer duration of action needed (7%)
Low Abuse potential (7%)	Dislike new formulation (7%)

67% reported having experienced insurance coverage issues with ACTIQ

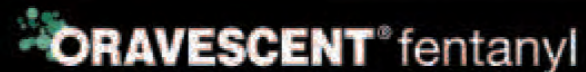
Source: IMS Chart Audit, 12/04 - Unaided Responses



ACTIQ Chart Study

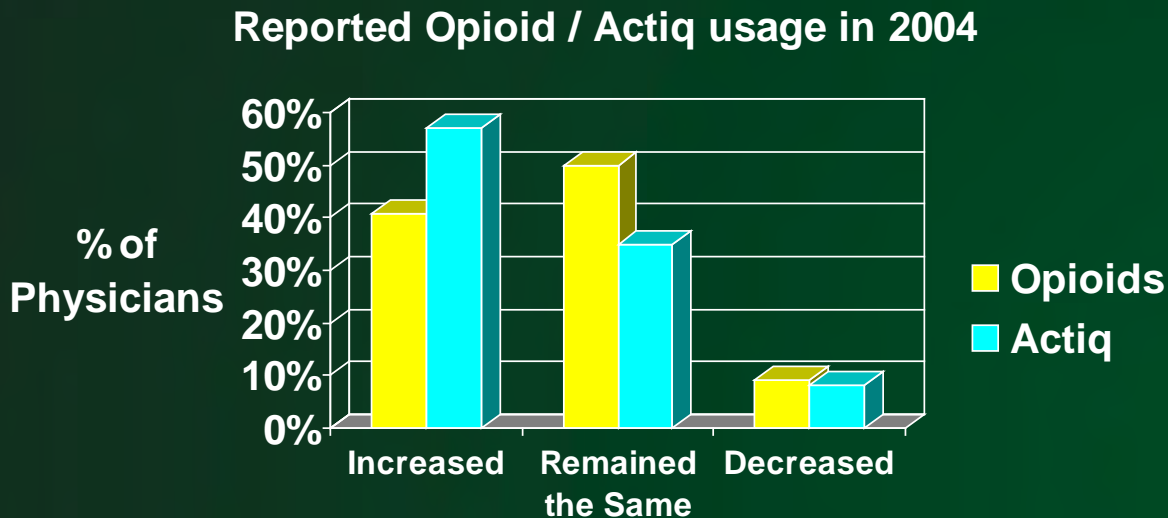
- Pain types treated with ACTIQ has remained relatively stable over the last three years
 - Back Pain most treated
 - 2002 – 54%
 - 2003 – 55%
 - 2004 – 48%
 - Malignant pain least treated
 - 2002 – 6%
 - 2003 – 10%
 - 2004 – 6%

Source: IMS Chart Audit, 12/04



ACTIQ users remain committed to the brand and opioids in general

- ACTIQ users reported a 41% increase in opioid prescribing
- ACTIQ users reported a 57% increase in ACTIQ prescribing
- Primary reason for increased opioid prescribing is larger patient volume

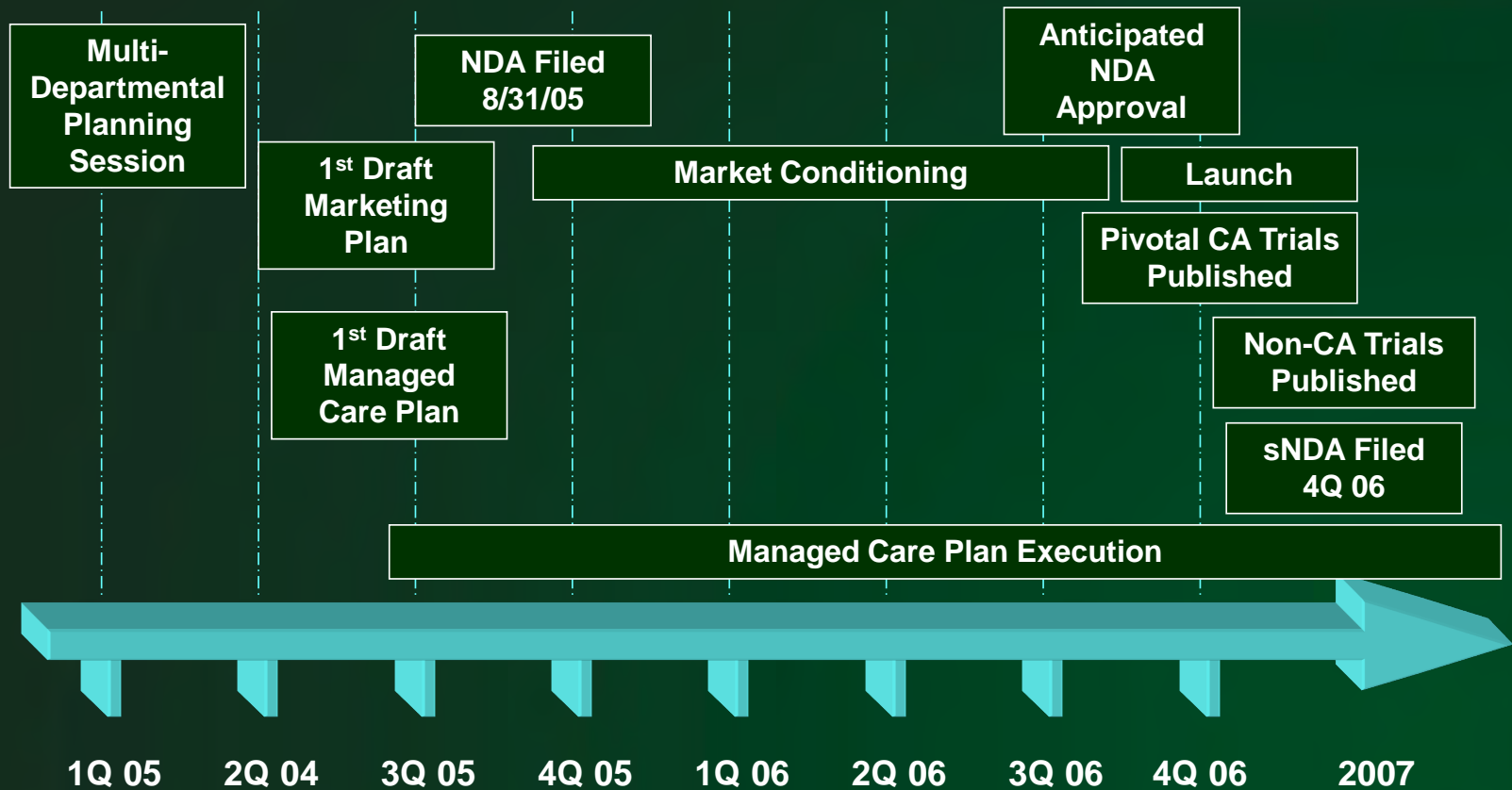


Source: IMS Chart Audit, 12/04

Commercial Timeline



Commercial Timeline



ACCELANYL Key Commercial Issues

Consensus Gained at Commercial
Planning Meeting 1/26/05



ACCELANYL Commercial Planning Session

- Departments represented
 - Marketing (Pyfer, Terifay)
 - SciComm (Hughes, Patel)
 - WWPP (Richardson – BST Lead)
 - Clinical Research (Messina)
 - Publications (Riotto)
 - Health Economics (Wang)
 - Biostats (Londhe)
 - Follow-up has involved Sales Force Management (Cunningham, Carnohan)
- 2nd ACCELANYL Planning Meeting – Today 12-5pm

Factors of a Successful Switch

- Adequate time to establish the successor brand prior to the availability of the generic version of the precursor brand
- Level of clear and meaningful differentiation between the precursor and the successor
- Total level of promotional resources / share of voice applied
- Dedicated, sophisticated and optimally sized sales force with the successor brand in the primary selling position
- Comprehensive managed care strategy to drive favorable reimbursement
- Extensive patient database that will enable DTP correspondence

Key Commercial Issues

- Absence of time to convert ACTIQ prescribers
- Appropriate resources dedicated to effectively convert ACTIQ prescribers within first 90 days post launch
- Anticipated unfavorable reimbursement status
- Limited awareness and understanding of appropriate diagnosis & treatment of BTP
- Limited KOL relationships
- Challenging selling/marketing environment requiring sophistication & expertise

ACCELANYL Critical Success Factors

Consensus Gained at Commercial Planning Meeting 1/26/05



ACCELANYL Critical Success Factors

1. Successfully convert ACTIQ loyalists to ACCELANYL adopters within the 90 day period
2. Continue to develop BTP market by increasing awareness and understanding of BTP and its optimal treatment (ROOs)
3. KOLs support ACCELANYL as an effective treatment option for BTP
4. ACCELANYL is clearly differentiated from ACTIQ and other BTP treatment options
5. Physicians and patients have access to ACCELANYL
6. Sufficient resources secured & aligned across internal departments
7. Minimize risk for abuse & diversion

Organizational Implications

Objectives & Strategies
Linked to CSFs

 **ORAVESCENT[®]** fentanyl

CSF #1: Successfully convert ACTIQ loyalists to ACCELANYL adopters within the 90 day period

Objectives:

- Achieve high level of pre-launch awareness (>90% of core ACTIQ loyalists)
- Strengthen relationships with core ACTIQ prescribers (increase in sales force call frequency among ACTIQ loyalists)

Strategies:

- Deploy Pain Care sales force Q1 2006 to handle complexity of CII selling process, increasingly competitive environment, and to ensure focused launch effort
- Deploy pain-dedicated MSLs Q1 2006
- Implement clinical experience program by April 2006
- Disseminate key differentiating ACCELANYL clinical & scientific info prior to product approval through appropriate vehicles
 - Tactics: CME, manuscripts, abstracts, posters, review articles
- Establish physician loyalty initiatives
- Establish patient loyalty initiatives

CSF#2: Continue to develop BTP market by increasing awareness & understanding of BTP & its optimal treatment (ROOs)

Objectives:

- Continue to grow ACTIQ/BTP TRx market (achieve ACTIQ TRx objectives in 2005 & 2006)
- Achieve higher level of awareness of ROO term (>50% of ACTIQ loyalists recognize ROO term)

Strategies:

- Demonstrate burden of illness of BTP & sub-optimal nature of current pharmacologic options
- Establish and differentiate a new opioid class of ROOs from SAOs
- Support & disseminate key BTP clinical info through appropriate vehicles
 - Tactics: CME, manuscripts, abstracts, posters, review articles, Tx guidelines, non-branded BTP promotional materials
- Sales force strengthened relationships with core prescribers

CSF #3: KOLS support ACCELANYL as an effective treatment for BTP

Objectives:

- PMEAB advisors participating in ACCELANYL clinical trials, pubs, MedEd
- KOLs involved in consultant/advisory meetings, ACCELANYL clinical trials, pubs, HOVs & MedEd

Strategies:

- Enhance & leverage KOL relationships
- Deploy pain-dedicated MSLs by Q1 2006

CSF #4: ACCELANYL is clearly differentiated from ACTIQ & other BTP treatment options

Objectives:

- 3039 data is included in NDA submission
- 3039 manuscript published by Q3 2006
- PK manuscripts (1026, 1027, 1028, 1029) published by Q3 2006
- 3041 & 3042 manuscripts published by Q3 2006

Strategies:

- Negotiate optimal label which differentiates ACCELANYL to support strong promotional claims
- Establish presence of OV delivery technology within market
 - Tactics: Med Affairs/SciComm booth presence, Cephalon Pain Franchise & OV Technology campaign
- Disseminate key ACCELANYL clinical & scientific info through appropriate vehicles
 - Tactics: CME, manuscripts, abstracts, posters, review articles

CSF #5: Physicians & patients have access to ACCELANYL

Objectives:

- ROO class is adopted by USP
- TBD – % of third party payers aware of ACCELANYL, % formulary approvals of targeted commercial and non-commercial plans, % claims approvals, etc.

Strategies:

- Establish comprehensive & coordinated managed markets plan
- Demonstrate burden of illness of BTP
 - Tactics: phase IIIb/IV studies, MCO partnership trials, HEOR-IIS, cost models
- Demonstrate value proposition of ACCELANYL
- Wholesalers & pharmacies stocked ASAP after approval
- Establish and differentiate a new opioid class of ROOs from SAOs
- Coordinated pre-launch discussions with managed care
 - Pain-dedicated MSLs, Marketing & Managed Markets

CSF #6: Sufficient resources secured & aligned across internal departments

Objectives:

- Clinical & Regulatory meet their milestones for NDA submission 8/31/05
- ACCELANYL promotional materials approved & ready for launch
- Determine optimal size & structure of Pain Care sales force 5/31/05

Strategies:

- Establish consensus among departments for optimal preparedness for ACCELANYL launch
- Dedicated ACCELANYL personnel to ensure timely submissions, RMP development, promotional materials development, pre-launch market conditioning, sales force preparedness, etc.

CSF #7: Minimize risk for abuse & diversion

Objective:

- RMP negotiations do not delay final approval of NDA
- Core targeted segments are aware of RMP objectives and resources

Strategies:

- Develop and implement comprehensive RMP to ensure appropriate patient selection and meet FDA requirements as set by the standards in the recently issued FDA guidance document for developing RiskMAPs
- Negotiate optimal RMP to meet standards without compromising appropriate use & opportunity
- Educate physicians about appropriate patient selection
- Educate patients about safe use of ACCELANYL and allay fears of opioids
- Support appropriate educational opportunities related to risk minimization

ACTIQ SF Considerations



Actiq SF Update

Approvable letter received March 18th, 2005: questions focused on CMC

FTC consent decree: we must obtain final approval 180 days after receipt of approvable letter: Sept 18th, 2005 (or PED is forfeited)

If final approval is received Sept 18th, 2005 we would begin making product with expected shipment to customers in ~January 2006

Expected launch of ACCELANYL (unless PED) is ~September 2006

Actiq SF Commercial & Manufacturing Considerations

Overlapping Launch Date with Attenace: ~ Jan-Feb 2005

Actiq SF launch would be less than 9 months prior to launching ACCELANYL

Loss of ability to differentiate ACCELANYL on Sugar-Free benefit

Anticipated customer complaints to Medical Information (~2,000 received regarding compressed powder)

Anticipated complaint reporting to the FDA

Potential patient discontinuation

Sales Force distraction: focus shifts to complaint control

Expense to train sales force, change marketing materials, change packaging materials

Expense & resources to obtain worldwide regulatory approval

Affiliates & partners do not have a customer need to convert their markets

Potential effect on manufacturing efficiency to manufacture two products instead of one

Actiq SF Legal Considerations

FTC Agreement does not require launch-only approval

ANDA P4 has been filed by Barr Labs

Label warnings on dental issues have been implemented

ACCELANYL Commercial Needs

US Pharmaceutical Leadership Meeting
May 18, 2005



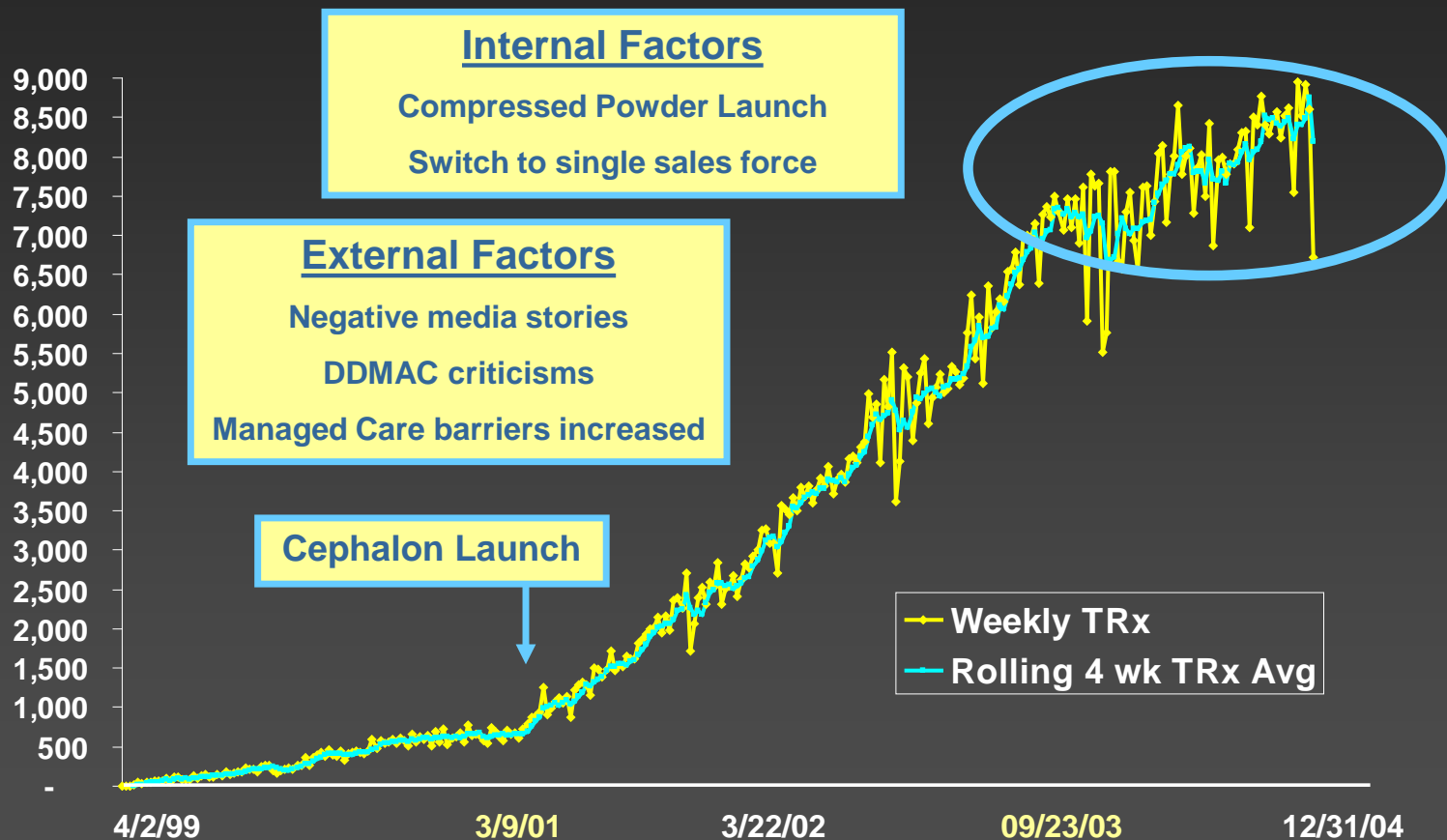
Presentation Overview

- Current ACTIQ Challenges
- Commercial Timeline
- ACCELANYL Key Commercial Issues
- ACCELANYL Critical Success Factors
- Organizational Implications of CSFs
 - Objectives & Strategies

Current ACTIQ Challenges

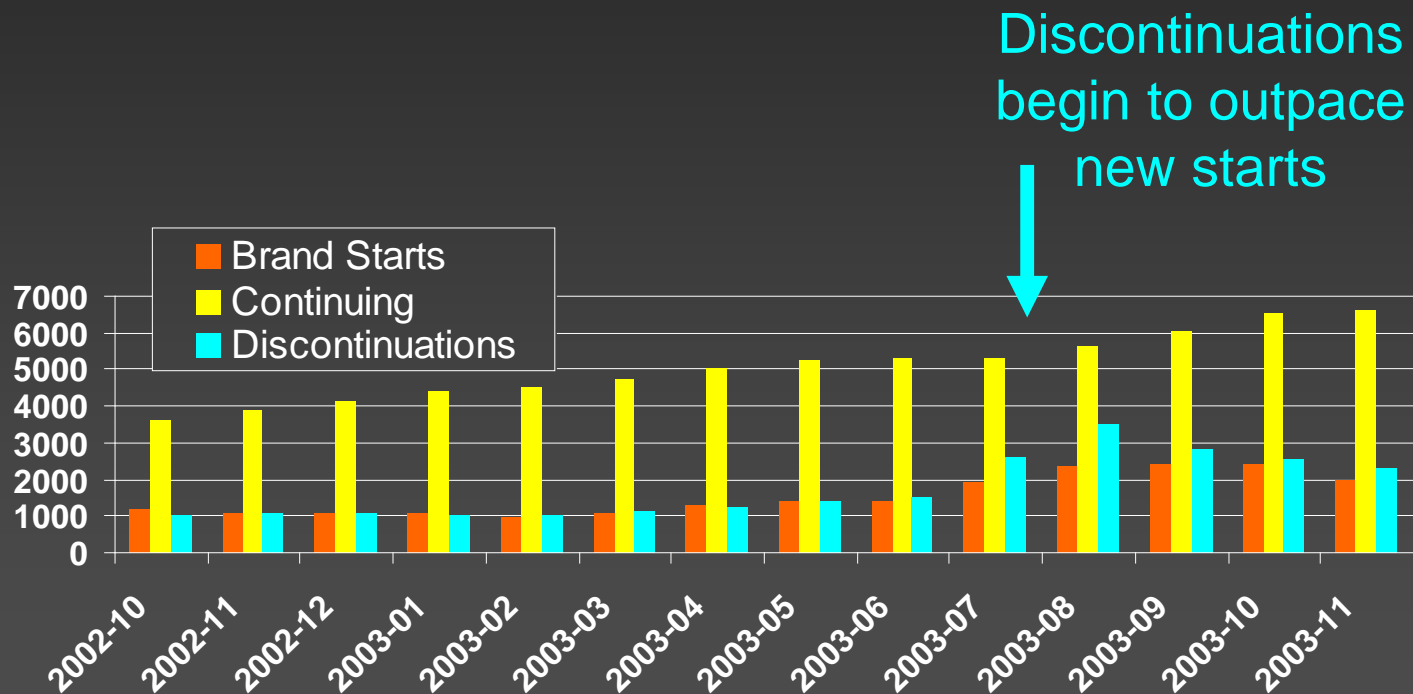
 **ORAVESCENT[®]** fentanyl

ACTIQ Challenges



Source: IMS

Discontinuations Spike with Compressed Powder Launch



Source: IMS NPA

“Egg” Research

Identify Drivers & Barriers

Conducted: September 2004

 **ORAVESCENT**[®] fentanyl

“Egg” Research

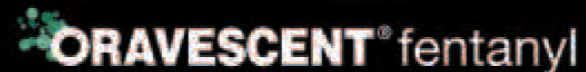
- Objective
 - Talk to “good eggs” and “bad eggs” to identify barriers and drivers to ACTIQ usage
- Who
 - 47 physicians
 - Long-term writers who are writing more
 - Long-term writers who are writing less
 - Non-writer targets
 - New writers

Source: Qualitative research N = 47, Leo Gibney Associates, Sept. 2004

“Egg” Research Summary

- Key Drivers to ACTIQ usage
 - Efficacy – rapid onset of action
 - Patient acceptance / satisfaction
 - Low side effect profile
- Key Barriers to ACTIQ usage
 - Reimbursement
 - Abuse and addiction concerns
 - Nothing new

Source: Qualitative research N = 47, Leo Gibney Associates, Sept. 2004



ACTIQ Chart Study

Assess Prescriber Characteristics

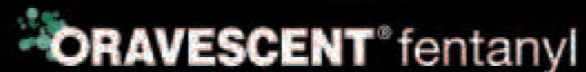
Conducted: Q4 2004

 **ORAVESCENT[®]** fentanyl

ACTIQ Chart Study

- Objective
 - Primary – Assess characteristics of ACTIQ prescribing physicians
 - Secondary
 - Determine how ACTIQ is dosed and extent to which titration occurs
 - Update estimates of ACTIQ use by pain type
 - Determine demographic characteristics of ACTIQ patients
 - Continue to monitor the impact of formulation changes on physicians' perceptions of ACTIQ
 - Identify factors that may be increasing or decreasing physician prescribing of ACTIQ and opioid analgesics in general

Source: IMS Chart Audit, 12/04



ACTIQ Chart Study

- Who
 - A total of 88 high-ACTIQ decile physicians (deciles 3 - 10) participated in the study

	Sample Size	Total Population	
		Available Physician Count	Actiq TRX Range (6 Months)
Decile 3-5	60	1444	21-71
Decile 6-8	23	389	94-253
Decile 9-10	5	85	503-930
Total	88	1918	

Source: IMS Chart Audit, 12/04

ACTIQ Chart Study

Strengths	Weaknesses
Rapid onset of analgesia (73%)	Cost (20%)
Efficacy (31%)	Sugar formulation (19%)
Ease of use (20%)	Formulary coverage (14%)
Convenience (8%)	Limited Cancer indication (10%)
Low Side effects (8%)	Longer duration of action needed (7%)
Low Abuse potential (7%)	Dislike new formulation (7%)

67% reported having experienced insurance coverage issues with ACTIQ

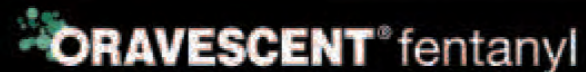
Source: IMS Chart Audit, 12/04 - Unaided Responses



ACTIQ Chart Study

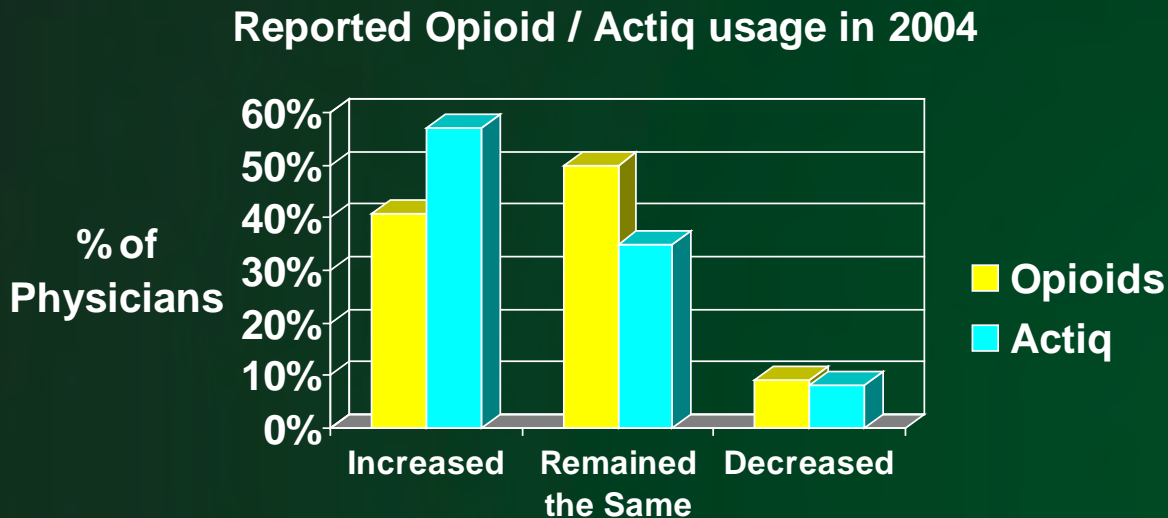
- Pain types treated with ACTIQ has remained relatively stable over the last three years
 - Back Pain most treated
 - 2002 – 54%
 - 2003 – 55%
 - 2004 – 48%
 - Malignant pain least treated
 - 2002 – 6%
 - 2003 – 10%
 - 2004 – 6%

Source: IMS Chart Audit, 12/04



ACTIQ users remain committed to the brand and opioids in general

- ACTIQ users reported a 41% increase in opioid prescribing
- ACTIQ users reported a 57% increase in ACTIQ prescribing
- Primary reason for increased opioid prescribing is larger patient volume

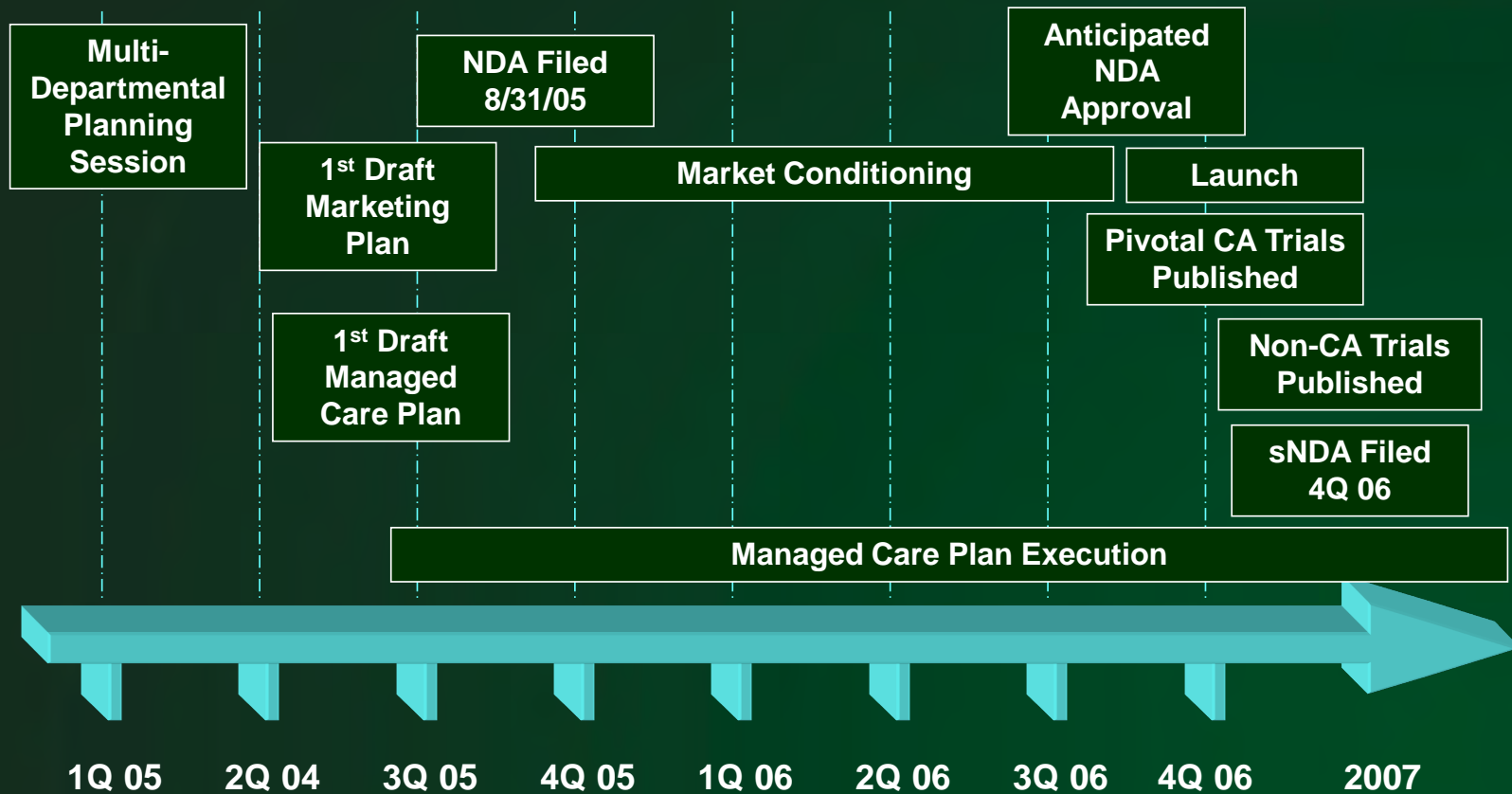


Source: IMS Chart Audit, 12/04

Commercial Timeline

 **ORAVESCENT[®]** fentanyl

Commercial Timeline



ACCELANYL Key Commercial Issues

Consensus Gained at Commercial
Planning Meeting 1/26/05



ACCELANYL Commercial Planning Session

- Departments represented
 - Marketing (Pyfer, Terifay)
 - SciComm (Hughes, Patel)
 - WWPP (Richardson – BST Lead)
 - Clinical Research (Messina)
 - Publications (Riotto)
 - Health Economics (Wang)
 - Biostats (Londhe)
 - Follow-up has involved Sales Force Management (Cunningham, Carnohan)
- 2nd ACCELANYL Planning Meeting – Today 12-5pm

Factors of a Successful Switch

- Adequate time to establish the successor brand prior to the availability of the generic version of the precursor brand
- Level of clear and meaningful differentiation between the precursor and the successor
- Total level of promotional resources / share of voice applied
- Dedicated, sophisticated and optimally sized sales force with the successor brand in the primary selling position
- Comprehensive managed care strategy to drive favorable reimbursement
- Extensive patient database that will enable DTP correspondence

Key Commercial Issues

- Absence of time to convert ACTIQ prescribers
- Appropriate resources dedicated to effectively convert ACTIQ prescribers within first 90 days post launch
- Anticipated unfavorable reimbursement status
- Limited awareness and understanding of appropriate diagnosis & treatment of BTP
- Limited KOL relationships
- Challenging selling/marketing environment requiring sophistication & expertise

ACCELANYL Critical Success Factors

Consensus Gained at Commercial
Planning Meeting 1/26/05



ACCELANYL Critical Success Factors

1. Successfully convert ACTIQ loyalists to ACCELANYL adopters within the 90 day period
2. Continue to develop BTP market by increasing awareness and understanding of BTP and its optimal treatment (ROOs)
3. KOLs support ACCELANYL as an effective treatment option for BTP
4. ACCELANYL is clearly differentiated from ACTIQ and other BTP treatment options
5. Physicians and patients have access to ACCELANYL
6. Sufficient resources secured & aligned across internal departments
7. Minimize risk for abuse & diversion

Organizational Implications

Objectives & Strategies
Linked to CSFs

 **ORAVESCENT[®]** fentanyl

CSF #1: Successfully convert ACTIQ loyalists to ACCELANYL adopters within the 90 day period

Objectives:

- Achieve high level of pre-launch awareness (>90% of core ACTIQ loyalists)
- Strengthen relationships with core ACTIQ prescribers (increase in sales force call frequency among ACTIQ loyalists)

Strategies:

- Deploy Pain Care sales force Q1 2006 to handle complexity of CII selling process, increasingly competitive environment, and to ensure focused launch effort
- Deploy pain-dedicated MSLs Q1 2006
- Implement clinical experience program by April 2006
- Disseminate key differentiating ACCELANYL clinical & scientific info prior to product approval through appropriate vehicles
 - Tactics: CME, manuscripts, abstracts, posters, review articles
- Establish physician loyalty initiatives
- Establish patient loyalty initiatives

CSF#2: Continue to develop BTP market by increasing awareness & understanding of BTP & its optimal treatment (ROOs)

Objectives:

- Continue to grow ACTIQ/BTP TRx market (achieve ACTIQ TRx objectives in 2005 & 2006)
- Achieve higher level of awareness of ROO term (>50% of ACTIQ loyalists recognize ROO term)

Strategies:

- Demonstrate burden of illness of BTP & sub-optimal nature of current pharmacologic options
- Establish and differentiate a new opioid class of ROOs from SAOs
- Support & disseminate key BTP clinical info through appropriate vehicles
 - Tactics: CME, manuscripts, abstracts, posters, review articles, Tx guidelines, non-branded BTP promotional materials
- Sales force strengthened relationships with core prescribers

CSF #3: KOLS support ACCELANYL as an effective treatment for BTP

Objectives:

- PMEAB advisors participating in ACCELANYL clinical trials, pubs, MedEd
- KOLs involved in consultant/advisory meetings, ACCELANYL clinical trials, pubs, HOVs & MedEd

Strategies:

- Enhance & leverage KOL relationships
- Deploy pain-dedicated MSLs by Q1 2006

CSF #4: ACCELANYL is clearly differentiated from ACTIQ & other BTP treatment options

Objectives:

- 3039 data is included in NDA submission
- 3039 manuscript published by Q3 2006
- PK manuscripts (1026, 1027, 1028, 1029) published by Q3 2006
- 3041 & 3042 manuscripts published by Q3 2006

Strategies:

- Negotiate optimal label which differentiates ACCELANYL to support strong promotional claims
- Establish presence of OV delivery technology within market
 - Tactics: Med Affairs/SciComm booth presence, Cephalon Pain Franchise & OV Technology campaign
- Disseminate key ACCELANYL clinical & scientific info through appropriate vehicles
 - Tactics: CME, manuscripts, abstracts, posters, review articles

CSF #5: Physicians & patients have access to ACCELANYL

Objectives:

- ROO class is adopted by USP
- TBD – % of third party payers aware of ACCELANYL, % formulary approvals of targeted commercial and non-commercial plans, % claims approvals, etc.

Strategies:

- Establish comprehensive & coordinated managed markets plan
- Demonstrate burden of illness of BTP
 - Tactics: phase IIIb/IV studies, MCO partnership trials, HEOR-IIS, cost models
- Demonstrate value proposition of ACCELANYL
- Wholesalers & pharmacies stocked ASAP after approval
- Establish and differentiate a new opioid class of ROOs from SAOs
- Coordinated pre-launch discussions with managed care
 - Pain-dedicated MSLs, Marketing & Managed Markets

CSF #6: Sufficient resources secured & aligned across internal departments

Objectives:

- Clinical & Regulatory meet their milestones for NDA submission 8/31/05
- ACCELANYL promotional materials approved & ready for launch
- Determine optimal size & structure of Pain Care sales force 5/31/05

Strategies:

- Establish consensus among departments for optimal preparedness for ACCELANYL launch
- Dedicated ACCELANYL personnel to ensure timely submissions, RMP development, promotional materials development, pre-launch market conditioning, sales force preparedness, etc.

CSF #7: Minimize risk for abuse & diversion

Objective:

- RMP negotiations do not delay final approval of NDA
- Core targeted segments are aware of RMP objectives and resources

Strategies:

- Develop and implement comprehensive RMP to ensure appropriate patient selection and meet FDA requirements as set by the standards in the recently issued FDA guidance document for developing RiskMAPs
- Negotiate optimal RMP to meet standards without compromising appropriate use & opportunity
- Educate physicians about appropriate patient selection
- Educate patients about safe use of ACCELANYL and allay fears of opioids
- Support appropriate educational opportunities related to risk minimization

ACTIQ SF Considerations



Actiq SF Update

Approvable letter received March 18th, 2005: questions focused on CMC

FTC consent decree: we must obtain final approval 180 days after receipt of approvable letter: Sept 18th, 2005 (or PED is forfeited)

If final approval is received Sept 18th, 2005 we would begin making product with expected shipment to customers in ~January 2006

Expected launch of ACCELANYL (unless PED) is ~September 2006

Actiq SF Commercial & Manufacturing Considerations

Overlapping Launch Date with Attenace: ~ Jan-Feb 2005

Actiq SF launch would be less than 9 months prior to launching ACCELANYL

Loss of ability to differentiate ACCELANYL on Sugar-Free benefit

Anticipated customer complaints to Medical Information (~2,000 received regarding compressed powder)

Anticipated complaint reporting to the FDA

Potential patient discontinuation

Sales Force distraction: focus shifts to complaint control

Expense to train sales force, change marketing materials, change packaging materials

Expense & resources to obtain worldwide regulatory approval

Affiliates & partners do not have a customer need to convert their markets

Potential effect on manufacturing efficiency to manufacture two products instead of one

Actiq SF Legal Considerations

FTC Agreement does not require launch-only approval
ANDA P4 has been filed by Barr Labs
Label warnings on dental issues have been implemented